

Department of Health and Human Services Public Health Service Individual National Research Service Award Application <i>Follow instructions carefully. Do not exceed character length restrictions indicated.</i>		LEAVE BLANK—For PHS use only		
		Type	Activity	Number
		Review Group		Formerly
		Meeting Dates		Date Received
1. TITLE OF RESEARCH TRAINING PROPOSAL (Do not exceed 56 characters, including spaces and punctuation.) Do not exceed 56 characters, including spaces and punctuation.				
2. LEVEL OF FELLOWSHIP 14		3. REQUEST FOR APPLICATIONS 10		
4a. NAME OF APPLICANT (Last, first, middle initial) 30				4b. HIGHEST DEGREE(S) 4, 4, 4
4c. PRESENT MAILING ADDRESS (Street, city, state, zip code) 32 32 32 32 32		4d. PERMANENT MAILING ADDRESS (Street, city, state, zip code) 32 32 32 32 32 32		
4e. OFFICE TELEPHONE NO. (Area code, no., and ext.) 25	4f. HOME TELEPHONE NO. (Area code and no.) 25	4g. PERMANENT PHONE NO. (Area code and no.) 25	4h. FAX NUMBER (Area code and no.) 25	
4i. <input type="checkbox"/> U.S. CITIZEN OR U.S. NONCITIZEN NATIONAL <i>or</i> <input type="checkbox"/> PERMANENT RESIDENT OF U.S.				
5. TRAINING UNDER PROPOSED AWARD (See Lexicon) Discipline No. 3 Category Name 24		6. PRIOR AND/OR CURRENT NRSA SUPPORT (Individual or Institutional) <input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," refer to Item 23)		
7a. DATES OF PROPOSED AWARD From (MM/DD/YY) 8 Through (MM/DD/YY) 8	7b. PROPOSED AWARD DURATION (in months) 2	8. DEGREE SOUGHT DURING PROPOSED AWARD Degree 4 Expected Completion Date 8		
SPONSOR COMPLETES ITEMS 9 through 14				
9. HUMAN SUBJECTS <input type="checkbox"/> NO <input type="checkbox"/> YES	9a. If "Yes," Exemption No. <i>or</i> IRB Approval Date 8 <input type="checkbox"/> Full IRB <i>or</i> Expedited Review	9b. Assurance of Compliance No. 9	10. VERTEBRATE ANIMALS <input type="checkbox"/> NO <input type="checkbox"/> YES 8 10a. If "Yes," IACUC approval date 8 10b. Animal Welfare Assurance No. 9	
11a. NAME OF SPONSOR (Last, first, middle initial) 30 Telephone 25 FAX 25 E-mail Address 40		11b. NAME OF PROPOSED SPONSORING INSTITUTION 40 Address 32 32 32 32 32		
11c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT 30		12. ENTITY IDENTIFICATION NUMBER 12		
11d. MAJOR SUBDIVISION 30		14. NAME OF OFFICIAL IN BUSINESS OFFICE 30 Telephone 25 FAX 25 Title 30 Address 32 32 32 32 32 E-mail Address 40		
13. NAME AND TELEPHONE NO. OF ADVISOR IF DIFFERENT FROM 11a. 30 Telephone 25 Name and address of institution where research training will take place if different from Item 11b. Address 40 32 32 32 32 32				
15. APPLICANT CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I agree to comply with the Public Health Service terms and conditions if an award is issued as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I certify that I have read the National Research Service Award Service Assurance, that I will abide by the Assurance if an award is made, and that the award will not support residency training.				
SIGNATURE (Required of each applicant)			DATE	

Department of Health and Human Services Public Health Service Individual National Research Service Award Application <i>Follow instructions carefully. Do not exceed character length restrictions indicated on sample.</i>		LEAVE BLANK—For PHS use only		
		Type	Activity	Number
		Review Group		Formerly
		Meeting Dates		Date Received
1. TITLE OF RESEARCH TRAINING PROPOSAL (Do not exceed 56 characters, including spaces and punctuation.)				
2. LEVEL OF FELLOWSHIP		3. REQUEST FOR APPLICATIONS		
4a. NAME OF APPLICANT (Last, first, middle initial)		4b. HIGHEST DEGREE(S)	4c. SOCIAL SECURITY NO.	
4d. PRESENT MAILING ADDRESS (Street, city, state, zip code)		4e. PERMANENT MAILING ADDRESS (Street, city, state, zip code)		
4f. OFFICE TELEPHONE NO. (Area code, no., and ext.)	4g. HOME TELEPHONE NO. (Area code and no.)	4h. PERMANENT PHONE NO. (Area code and no.)	4i. FAX NUMBER (Area code and no.)	
4j. <input type="checkbox"/> U.S. CITIZEN OR U.S. NONCITIZEN NATIONAL or <input type="checkbox"/> PERMANENT RESIDENT OF U.S.				
5. TRAINING UNDER PROPOSED AWARD (See Lexicon) Discipline No. Category Name		6. PRIOR AND/OR CURRENT NRSA SUPPORT (Individual or Institutional) <input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," refer to Item 23)		
7a. DATES OF PROPOSED AWARD From (MM/DD/YY) Through (MM/DD/YY)	7b. PROPOSED AWARD DURATION (in months)	8. DEGREE SOUGHT DURING PROPOSED AWARD Degree Expected Completion Date		
SPONSOR COMPLETES ITEMS 9 through 14				
9. HUMAN SUBJECTS <input type="checkbox"/> NO <input type="checkbox"/> YES	9a. If "Yes," Exemption No. <i>or</i> IRB Approval Date <input type="checkbox"/> Full IRB <i>or</i> Expedited Review	9b. Assurance of Compliance No.	10. VERTEBRATE ANIMALS 10a. If "Yes," IACUC approval date 10b. Animal Welfare Assurance No. <input type="checkbox"/> NO <input type="checkbox"/> YES	
11a. NAME OF SPONSOR (Last, first, middle initial) Telephone FAX E-mail Address		11b. NAME OF PROPOSED SPONSORING INSTITUTION Address		
11c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		12. ENTITY IDENTIFICATION NUMBER		
11d. MAJOR SUBDIVISION		14. NAME OF OFFICIAL IN BUSINESS OFFICE Telephone FAX Title Address E-mail Address		
13. NAME AND TELEPHONE NO. OF ADVISOR IF DIFFERENT FROM 11a. Telephone Name and address of institution where research training will take place if different from Item 11b. Address				
15. APPLICANT CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I agree to comply with the Public Health Service terms and conditions if an award is issued as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I certify that I have read the National Research Service Award Service Assurance, that I will abide by the Assurance if an award is made, and that the award will not support residency training.				
SIGNATURE (Required of each applicant)			DATE	

Individual NRSA Application <i>(To be completed by applicant—follow instruction sheet)</i>					NAME (Last, first, middle initial)	
16. APPLICANT'S EDUCATION						
DEGREE	MONTH	YEAR	FIELD	INSTITUTION	MENTOR	
17. APPLICANT'S TRAINING/EMPLOYMENT <i>(After college)</i>						
ACTIVITY/ OCCUPATION	BEGINNING DATE (mm/yy)	ENDING DATE (mm/yy)	FIELD	INSTITUTION/COMPANY	SUPERVISOR/EMPLOYER	
18. GOALS FOR FELLOWSHIP TRAINING AND CAREER						
SPONSOR						
19. NAME AND DEGREE(S)						
20a. POSITION/RANK						
20b. RESEARCH INTERESTS/AREAS						
RESEARCH PROPOSAL						
21. DESCRIPTION						

Individual NRSA Application Table of Contents

NAME (Last, first, middle initial)

Page Numbers
(Number pages consecutively
at the bottom throughout the
application. Do not use
suffixes such as 5a, 5b.)

Section 1—Applicant

Face Page (Items 1-8, 15), Page 2 (Items 16-18, 21), and Table of Contents	1-3
Scholastic Performance	4
Background	5
Research Experience	
a. Summary	_____
b. Doctoral Dissertation	_____
c. Publications	_____
Revised Application	_____
Research Training Plan	_____
a. Activities Under Award	_____
b. Research Training Proposal	_____
(1) Specific Aims	_____
(2) Background/Significance	_____
(3) Research Design and Methods	_____
(4) Literature Citations	_____
(5) Human Subjects/Vertebrate Animals	_____
c. Respective Contributions	_____
d. Selection of Sponsor and Institution	_____

Section 2—Sponsor

Biographical Sketch	_____
Research and Training Support/Previous Trainees	_____
Facilities and Commitment Statement	_____
Training Plan, Environment, Research Facilities	_____
Number of Fellows/Trainees to be Supervised	_____
Applicant's Qualifications and Potential	_____
Human Subjects	_____
Vertebrate Animals	_____
Checklist	_____

Section 3—References (Minimum of 3)

(See instructions for submission of references)

List full name, institution, and department of individuals submitting reference letters.

Other Items (list):

Personal Data Page for Fellows

Section 4—Appendix

(3 collated sets. No page numbering necessary. Not to exceed 3 publications; 2 for predoctoral candidates.)

☐ Check if Appendix is included

DD

**Individual NRSA Application
Background***(To be completed by applicant—follow instruction sheet.)*NAME OF APPLICANT *(Last, first, middle initial)*

23. PRIOR AND/OR CURRENT NRSA SUPPORT. List type (individual and/or institutional), level (pre or post), dates, and grant or award numbers.

24a. ACADEMIC AND PROFESSIONAL HONORS. Include all scholarships, traineeships, fellowships, and development awards other than NRSA. Indicate source of awards (NSF, Woodrow Wilson, etc.), dates, and grant or award numbers. List current professional societies, if applicable.

24b. TITLE(S) OF THESIS/DISSERTATION(S)

25. NAME OF THESIS ADVISOR OR CHIEF OF SERVICE
(If reference report not included, explain why not.)

TITLE, DEPARTMENT, AND INSTITUTION

26. APPLICATION FOR CONCURRENT SUPPORT

☐

NO

☐

YES

Using format below, list all support (training, research, supplies, travel, etc.) applied for that would run concurrently with the period covered by this application. Include the type, dates, source, and amount.

*Type:**Source:**Dates:**Amount:*

Individual NRSA Application Research

(To be completed by applicant—follow instruction sheet.)

NAME OF APPLICANT (Last, first, middle initial)

27. RESEARCH EXPERIENCE

- a. Summary
- b. Doctoral Dissertation
- c. Publications (published, accepted, submitted, or in preparation)

28. REVISED APPLICATION

29. RESEARCH TRAINING PLAN

- a. Approximate percentage of proposed award time in activities identified below. (See instructions.)

Year	Research	Course Work	Teaching	Clinical
First				
Second				
Third				

- b. Research Training Proposal
- c. Respective Contributions
- d. Selection of Sponsor and Institution

CONTINUATION PAGE: STAY WITHIN MARGINS INDICATED

**Individual NRSA Application
Continuation Page**

NAME OF APPLICANT (*Last, first, middle initial*)

Personal Data on Fellowship Applicant

Clip this form to the signed original of the application after the Checklist. Do not duplicate.

NAME OF APPLICANT (*Last, first, middle initial*)

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed principal investigator/program director.

To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. **Do not attach copies of this form to the duplicated copies of the application.**

Upon receipt of the application by the PHS, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, "Grants: IMPAC (Grant/Contract Information)." All analyses conducted on the data will report aggregate statistical findings only and will not identify individuals.

If you decline to provide this information, it will in no way affect consideration of your application.

Your cooperation will be appreciated.

DATE OF BIRTH (*MM/DD/YY*)

GENDER

☐

Female

☐

Male

RACE AND/OR ETHNIC ORIGIN (*check one*)

Note: The category that most closely reflects the individual's recognition in the community should be used when reporting mixed racial and/or ethnic origins.

- ☐ **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America, and who maintains a cultural identification through tribal affiliation or community recognition.
- ☐ **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **Black, not of Hispanic origin.** A person having origins in any of the black racial groups of Africa.
- ☐ **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **White, not of Hispanic origin.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ Check here if you do not wish to provide some or all of the above information.

<p style="text-align: center;">Individual NRSA Application</p> <p style="text-align: center;"><i>(To be completed by sponsor. Also complete Items 9 through 14 on Page 1, Items 19 and 20 on Page 2. Follow instruction sheet.)</i></p>	<p>NAME OF APPLICANT <i>(Last, first, middle initial)</i></p>
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30. BIOGRAPHICAL SKETCH OF SPONSOR

<p>NAME</p>	<p>POSITION TITLE</p>
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EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. Specify the total number of publications and list, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. **DO NOT EXCEED TWO PAGES.**

Individual NRSA Application Facilities and Commitment

(To be completed by sponsor—follow instruction sheet.)

NAME OF APPLICANT (Last, first, middle initial)

31. Identify the research and research training support available to the sponsor and the applicant during period of proposed award.

32. SPONSOR'S PREVIOUS FELLOWS/TRAINEES

Give total number of pre- and postdoctoral individuals and provide information on a representative five. List their present employing organizations and position titles or occupations.

FACILITIES AND COMMITMENT STATEMENT

In the space below and on continuation pages, complete the following items. Identify each item by number and title.

33. Training Plan, Environment, Research Facilities.

Describe the research training plan for the applicant. Include such items as classes, seminars, and opportunities for interaction with other groups and scientists. Describe the research environment and available research facilities and equipment. Include information that will help reviewing groups evaluate the applicant and the proposed training. Indicate the relationship of the proposed research training to the applicant's career. Describe the skills, techniques, etc., that the applicant will learn and relate these to the applicant's career goals.

34. Number of Fellows/Trainees to be Supervised During the Fellowship. Indicate Pre- or Postdoctoral.

35. Applicant's Qualifications and Potential for a Research Career.

36. Human Subjects/Vertebrate Animals Use and Description.

37. **CERTIFICATION:** We, the undersigned, certify that (a) the information herein, including involvement of Human Research Subjects, Recombinant DNA Research, and Vertebrate Animals, is true, complete, and accurate to the best of our knowledge; (b) if this application results in an award, appropriate training, adequate facilities, and supervision will be provided; and (c) we will comply with the Public Health Service terms and conditions of award. We are aware that any false, fictitious, or fraudulent statement or claim may subject us to criminal, civil, or administrative penalties.

SIGNATURE	TYPED NAME	OFFICE TELEPHONE	DATE
SPONSOR			
DEPARTMENT HEAD			
OFFICIAL SIGNING FOR SPONSORING INSTITUTION			

Individual NRSA Application
Continuation Page

NAME OF APPLICANT *(Last, first, middle initial)*

CONTINUATION PAGE: STAY WITHIN MARGINS INDICATED

Individual NRSA Application Checklist

Applicant completes Section I. Sponsor completes Section II.

NAME OF APPLICANT *(Last, first, middle initial)*

Section I—Applicant

A. TYPE OF APPLICATION

- ☐ NEW application *(This application is being submitted to the PHS for the first time.)*
- ☐ COMPETING CONTINUATION of award number _____
(This application is to extend a funded award beyond its current award period.)
- ☐ REVISION of application number _____
(This application replaces a prior unfunded version of a new or competing continuation application.)

B. ASSURANCES/CERTIFICATIONS

The following assurances/certifications are made and verified by your signature in Item 15 on the FACE PAGE of the application. Descriptions of individual certifications begin on page 25 of the application instructions. If unable to certify compliance, provide an explanation and place it after this page. • Debarment and Suspension; • Delinquent Federal Debt; • Drug-Free Workplace *(Applicable only to new or revised applications being submitted to the PHS for the first proposed project period—Type 1.)*

C. NRSA SENIOR FELLOWSHIP APPLICANTS ONLY

1. PRESENT INSTITUTIONAL BASE SALARY

Amount Academic Period/number of months

2. STIPEND/SALARY DURING FIRST YEAR OF PROPOSED FELLOWSHIP

a. Stipend requested from PHS

Amount Number of months

b. Supplementation from other sources

Amount Number of months Type *(sabbatical leave, salary, etc.)* Source

Section II — Sponsoring Institution

The following assurances/certifications are made and verified by the signature of the Official Signing for Sponsoring Institution in Item 37. Descriptions of sponsoring institution assurances/certifications begin on page 20 of the application instructions. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

• Human Subjects; • Vertebrate Animals; • Debarment and Suspension; • Research Misconduct; • Civil Rights (Form HHS 441 or HHS 690); • Handicapped Individuals (Form HHS 641 or HHS 690); • Sex Discrimination (Form HHS 639-A or HHS 690); • Age Discrimination (Form HHS 680 or HHS 690); • Financial Conflict of Interest.

Applicant's Instructions for Submission of References

This notice explains the submission of references for Individual National Research Service Award applicants. Applications will not be reviewed unless at least three references are received with the application. Applicants are responsible for complete applications reaching the PHS on schedule.

Submission Process

Forward reference forms to referees with sufficient lead time so that the completed forms will be part of the application package. Fill out upper right corner before forwarding to the referee. Referees should be provided with postage-paid return envelopes addressed to you with the following words in the front bottom left corner—*DO NOT OPEN—PHS USE ONLY*. Attach unopened references to the front of the original application and submit the entire package by the submission deadline.

Department of Health and Human Services
Public Health Service

Reference
National Research Service Award

(Read instructions on back.)

(Applicant completes this block.)

NAME OF APPLICANT *(Last, first, middle initial)*

PROPOSED SPONSORING INSTITUTION

Compare the applicant with other individuals of similar training and experience with whom you have been associated. Use the following numerical scores. Mark every block; insert "X" if insufficient knowledge to rate and "NA" if not applicable.

1 – Outstanding — comparable to the best individual in a current class or research laboratory (upper 5%)

2 – Excellent — upper 6 to 20%

4 – Good (Average) — middle 41 to 60%

3 – Very Good (Above Average) — upper 21 to 40%

5 – Fair (Below Average) — lower 40%

Use black ribbon or black ink.

☐

Research Ability and Potential

☐

Originality

☐

Written and Verbal Communications

☐

Accuracy

☐

Perseverance in Pursuing Goals

☐

Scientific Background

☐

Self-Reliance and Independence

☐

Familiarity with Research Literature

☐

Clinical Proficiency, if relevant

☐

Ability to Organize Scientific Data

☐

Laboratory Skills and Techniques, if relevant

Describe your association with the applicant. Comment on the above items, including other areas as appropriate, identifying the strengths and weaknesses that should be considered in evaluating the applicant's potential for a research career. *(Use continuation pages as necessary.)*

DATES ASSOCIATED WITH APPLICANT

CAPACITY AT THAT TIME *(Teacher, thesis advisor, supervisor or other)*
(Use continuation pages as necessary.)

RESPONDENT *(Name, title, department, and institution)*

TELEPHONE NUMBER

SIGNATURE

DATE

Note to Respondent

The applicant is applying for a competitive Individual National Research Service Award (NRSA) fellowship from the Public Health Service (PHS) for research training in health-related areas. Your assessment of the applicant's potential for a research career is requested. The references will be used by PHS committees of consultants in assessing applicants.

At least three references must be submitted with the application or the application will be returned. *Please complete this form and return it to the applicant in sufficient time for the applicant to meet the deadline date.*

Complete the form in English. The form should be typed. Use a black ribbon. If any part of the form is handwritten, use a black pen. The color blue does not reproduce. If the space provided is inadequate, use an 8½ x 11" sheet of paper and put the applicant's name in the upper right corner.

Although the Privacy Act of 1974 allows NRSA applicants to have access to personal information contained in their records, we have asked the applicant to provide you with a self-addressed envelope with ***DO NOT OPEN—PHS USE ONLY*** in the front bottom left corner. Applicants are asked not to open the references in order to protect the utility of the process. Thank you for your assistance.

PHS estimates that it will take 45 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing the form. If you have comments regarding this burden estimate or any other aspects of the collection of information, including suggestions for reducing this burden, send comments to PHS Reports Clearance Officer, 737-F Humphrey Bldg., 200 Independence Ave., S.W., Washington, D.C. 20201, Attention: PRA (0925-0002). ***DO NOT RETURN THE COMPLETED FORM TO THIS ADDRESS.***

Mailing address for application package

**Fellowship
Division of Research Grants
National Institutes of Health
Suite 1040
6701 ROCKLEDGE DR MSC 7710
BETHESDA MD 20892-7710**

Applicants who wish to use express mail or courier service should change the zip code to 20817.

*C.O.D. applications will **not** be accepted.*

For application in response to RFA

IF THIS APPLICATION IS IN RESPONSE TO AN RFA, be sure to put the RFA number in Item 3 of the application face page. In addition, after duplicating copies of the application, cut along the dotted line below and staple the RFA label to the **bottom** of the face page of the original and place the original on top of your entire package. Failure to use this RFA label could result in delayed processing of your application such that it may not reach the review committee on time for review. **Do not use** the label unless the application is in response to a specific RFA. Also, application responding to a specific RFA should be sure to follow all special mailing instructions published in the RFA.

RFA